

Public Health Agency of Canada

2015–16

Departmental Performance Report

The Honourable Jane Philpott, P.C., M.P.
Minister of Health

**TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP,
INNOVATION AND ACTION IN PUBLIC HEALTH.**

— Public Health Agency of Canada

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Minister's Message

As the Minister of Health, I am pleased to present the *2015–16 Departmental Performance Report* for the Public Health Agency of Canada (PHAC). This year's report has been restructured to shift the focus on how existing resources are serving to achieve better health outcomes for all Canadians.

As a physician, I can attest to the number of social and economic factors that influence and determine our health. It is critical that we uncover what makes and keeps us healthy to strive for improved health amongst all Canadians. When Canadians are in good physical and mental health, they lead happier, more fulfilling lives.

Throughout 2015–16, PHAC played a vital role in supporting the health of Canadians in many ways. In collaboration with partners, PHAC focused on key public health priorities such as increasing vaccination rates with a view to reducing vaccine-preventable diseases. PHAC also worked with partners to raise awareness of and promote positive mental health, especially those initiatives that benefit Indigenous Peoples, youth, and seniors.

But it's not enough to focus solely on the health of the Canadian population. In today's interconnected world, Canada's health priorities don't stop at our borders. We saw that when Canadians welcomed more than 25,000 Syrian refugees, PHAC worked tirelessly with other government departments, provinces, territories, and stakeholders to share information about the health needs of arriving refugees, coordinated the necessary assessment and screening, and facilitated referrals to care services required by our new Canadians. Adopting a more global outlook to health is especially important when increased instances of local health crises can quickly become threats to wellness worldwide. I am especially pleased with PHAC's critical role in enabling Canada and other countries to detect, respond to and control new and emerging public health challenges both at home and around the globe.

Much has been accomplished this past year, and I look forward to playing my part in supporting the culture of collaboration and evidence-based decision-making that will result in better health outcomes for all Canadians.

The Honourable Jane Philpott, P.C., M.P.
Minister of Health



Results Highlights

 What funds were used? \$573,080,140 Actual Spending	 Who was involved? 2,143 Actual Full-Time Equivalents (FTEs)
 Results Highlights ✓ Used lessons learned from our work with domestic and international partners on the Ebola virus outbreak in West Africa to make improvements that also guided effective actions to respond to the emergence of the Zika virus in the Americas. ✓ Supported Canada's commitment to accept 25,000 Syrian refugees by having quarantine officers meet all dedicated Syrian refugee flights into Canada, and by training more officers to meet the increased need for these services. ✓ Played a leadership role in Canadian responses to health priorities such as increasing vaccination rates and concussion awareness. ✓ Led the federal Family Violence Initiative to provide a one-stop source of information to researchers, professionals, and the public through the <i>Stop Family Violence</i> web pages, and supported projects that promote the health of survivors of family violence. ✓ Helped to establish the Canadian Centre for Aging and Brain Health Innovation to support brain health and aging, including addressing dementia.	

Section I: Organizational Overview

Organizational Profile

Appropriate Minister: The Honourable Jane Philpott, P.C., M.P.

Institutional Head: Siddika Mithani, Ph.D.

Ministerial Portfolio: Health

Enabling Instruments: *Public Health Agency of Canada Act*,ⁱ *Department of Health Act*,ⁱⁱ *Emergency Management Act*,ⁱⁱⁱ *Quarantine Act*,^{iv} *Human Pathogens and Toxins Act*,^v *Health of Animals Act*,^{vi} and the *Act respecting a Federal Framework on Lyme Disease*.^{vii}

Year of Incorporation / Commencement: 2004

Other: In June 2012, the Deputy Heads of Health Canada and the Public Health Agency of Canada signed a Shared Services Partnership Framework Agreement. Under this agreement, each organization retains responsibility for a different set of internal services and corporate functions. These include human resources, real property, information management / information technology, security, internal financial services, communications, emergency management, international affairs, internal audit services, and evaluation services.

Organizational Context

Raison d'être

Public health involves the organized efforts of society to keep people healthy and to prevent illness, injury and premature death. The Public Health Agency of Canada^{viii} (PHAC) has put in place programs, services and policies that protect and promote the health of all Canadians. In Canada, public health is a responsibility that is shared by all three levels of government in collaboration with the private sector, non-governmental organizations, health professionals and the public.

In September 2004, PHAC was created within the federal Health Portfolio^{ix} to deliver on the Government of Canada's commitment to increase its focus on public health in order to help protect and improve the health and safety of all Canadians and to contribute to strengthening public health capacities across Canada.

Responsibilities

PHAC has the responsibility to:

- Contribute to the prevention of disease and injury, and to the promotion of health;
- Enhance surveillance information and expand the knowledge of disease and injury in Canada;
- Provide federal leadership and accountability in managing national public health events;
- Strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning; and
- Serve as a central point for sharing Canada's public health expertise with international partners, and to translate international knowledge and approaches to inform and support Canada's public health priorities and programs, for example, by participating in international working groups to develop new public health tools to protect, mitigate and respond to public health threats and emergencies.

Strategic Outcome and Program Alignment Architecture (PAA)

1. Strategic Outcome: Protecting Canadians and empowering them to improve their health

1.1 Program: Public Health Infrastructure

1.1.1 Sub-Program: Public Health Capacity Building

1.1.2 Sub-Program: Public Health Information and Networks

1.1.3 Sub-Program: Public Health Laboratory Systems

1.2 Program: Health Promotion and Disease Prevention

1.2.1 Sub-Program: Infectious Disease Prevention and Control

1.2.1.1 Sub-Sub-Program: Immunization

1.2.1.2 Sub-Sub-Program: Infectious and Communicable Disease

1.2.1.3 Sub-Sub-Program: Food-borne, Environmental and Zoonotic Infectious Disease

1.2.2 Sub-Program: Conditions for Healthy Living

1.2.2.1 Sub-Sub-Program: Healthy Child Development

1.2.2.2 Sub-Sub-Program: Healthy Communities

1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention

1.3 Program: Health Security

1.3.1 Sub-Program: Emergency Preparedness and Response

1.3.2 Sub-Program: Border Health Security

1.3.3 Sub-Program: Biosecurity

Internal Services

Operating Environment and Risk Analysis

Operating Environment

PHAC operates within a dynamic and complex environment. Health challenges evolve constantly and cross borders easily as we have seen with the Ebola virus outbreak in West Africa and the emergence of the Zika virus in the Americas. Because Canada's health system includes many partners and levels of government, PHAC fulfills its mandated responsibilities while working with partners to identify and address issues and respond to trends of relevance to the public health needs of Canadians. To do so, PHAC works closely with domestic and international stakeholders to take action, evaluate results and pursue constant improvement.

The risks identified in the table below are from PHAC's 2013–15 Corporate Risk Profile. They could have significant impacts on PHAC's contributions to the health and safety of Canadians. PHAC responds with strategies designed to limit those risks and measures performance of those strategies through its Corporate Risk Profile process.

Key Risks

Risk	Risk Response Strategy	Link to the Organization's Programs
1) Pandemic, including but not limited to influenza <u>What is the risk?</u> There is a risk that PHAC will not be able to effectively monitor, detect and coordinate a response to infectious disease outbreaks, and effective medical countermeasures will not be available.	As described under Organizational Priorities and in Section III, PHAC took actions such as: • Implementing a strategy with stakeholders to manage vaccine supply risks; • Completing an <i>Avian Influenza Virus</i>^x study with Ryerson University that leverages novel research methods to identify influenza virus trends and growth to better understand the disease and inform future detection and response strategies; • Developing a plan to improve monitoring of influenza activity and outcomes in Canada; • Updating the <i>Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector</i>; and • Identifying requirements for medical countermeasures, such as vaccines and other treatments, to address emerging global infectious diseases and threats, such as smallpox and anthrax.	1.1, 1.2, 1.3

Risk	Risk Response Strategy	Link to the Organization's Programs
2) Antimicrobial Resistance (AMR) <u>What is the risk?</u> There is a risk that the absence of a comprehensive national action plan may exacerbate the growing impact of AMR on the health and well-being of Canadians.	As described under Organizational Priorities and in Section III, PHAC took actions such as: • Leading development of a Pan-Canadian Antimicrobial Framework with partners; • Working with international partners toward the development and implementation of a Global Action Plan on AMR in consideration of Canadian actions; • Continuing to improve the Canadian Antimicrobial Resistance Surveillance System; and • Developing and supplying public education materials to promote the appropriate use of antibiotics in humans.	1.1, 1.2
3) Food-Borne Diseases <u>What is the risk?</u> There is a risk that PHAC may not receive all relevant, integrated information to inform early interventions, and that partners will not be aware of the information generated by PHAC in a timely manner required to prevent illness.	As described under Organizational Priorities and in Section III, PHAC took actions such as: • Developing Foodbook, Canada's first source of national food exposure data; • Developing risk assessment tools for food-borne illness; • Developing the PulseNet Canada genomics roadmap; and • Starting implementation of the <i>Blueprint for a Federated System for Public Health Surveillance in Canada</i>.	1.1, 1.2, 1.3
4) Vector-Borne Zoonotic Infectious Diseases <u>What is the risk?</u> There is a risk that the health care and economic costs of vector-borne disease may increase without a national approach to monitor and assess these diseases and to enable the implementation of prevention and control measures.	As described under Organizational Priorities and in Section III, PHAC took actions such as: • Addressing threats such as Zika through the development of expert advice, guidance, laboratory diagnostic support and surge capacity to inform patient care, infectious disease surveillance, and travel health notices; • Working with stakeholders to support the <i>Federal Framework on Lyme Disease</i>, including the identification of research priorities and continued implementation of the three-year Action Plan; and • Developing a risk model to predict the emergence of vector-borne diseases in Canada.	1.1, 1.2

Risk	Risk Response Strategy	Link to the Organization's Programs
5) Chronic Disease <u>What is the risk?</u> There is a risk that PHAC's ability to provide timely and relevant analysis of chronic disease risk and trends over time will be reduced due to data gaps affecting analysis of the factors/conditions that determine risk for chronic diseases or protective factors.	As described under Organizational Priorities and in Section III, PHAC took actions such as: • Expanding chronic disease surveillance systems to include health conditions such as stroke, multiple sclerosis and parkinsonism; • Releasing the <i>Positive Mental Health Surveillance Indicator Framework</i>;^{xi} and • Developing an interactive database of the largest health inequalities in Canada in collaboration with stakeholders, and showcasing leading and innovative practices to reduce health inequalities in <i>A Snapshot of Canadian Actions 2015</i>.^{xii}	1.2

Organizational Priorities

Priority: Strengthened public health capacity and science leadership

Description

The Government of Canada plays an essential role in supporting the public health of Canadians and PHAC is a key player in carrying out that role. PHAC helps to improve the public health practices that directly affect Canadians by strengthening approaches to the undertaking of scientific research; providing oversight of the surveillance systems that enable public health concerns to be tracked, reported, and addressed; and building the evidence base that improves decision-making pertaining to public health matters.

Priority Type

Previously committed to.

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Status	Link to the Organization's Programs
Develop and lead implementation of web-based tools (e.g., Foodbook and Outbreak Summaries) to host food consumption and disease outbreak data.	April 2015	March 2016	Completed	1.1, 1.2
Support development of Canadian Public Health Laboratory Network National Syphilis Laboratory Guidelines.	April 2015	March 2016	Completed	1.1
Implement a dynamic knowledge website to improve access to and sharing of information on Ebola and other virulent infectious diseases with health and allied professionals.	January 2015	March 2017	On track	1.1
Implement Phase II of the All Events Response Operations (AERO) ^a to support staff deployments.	April 2015	September 2016	On track	1.1
Lead Federal, Provincial, and Territorial (F/P/T) development of a governance approach to support Canadian surveillance discussions and decision-making.	April 2015	September 2019	On track	1.1

^a AERO is an information management database that supports a coordinated, PHAC-wide, surge capacity response for public health events.

Progress Toward the Priority

Key achievements during the year in PHAC's ongoing work to help build Canada's public health capacity and provide the science leadership that the Government of Canada's partners in the health system expect included:

- Developing and/or leading the implementation of tools to collect and analyze public health data and to better communicate information to the health system and Canadians such as:
 - Foodbook, which brings together food consumption and illness data collected during the Foodbook Study from provinces and territories into a single place for stakeholders to draw from;
 - Outbreak Summaries which document outbreak data and make it available in a standardized manner;
 - Over 100 national public health alerts sent through the Canadian Network for Public Health Intelligence; and
 - Innovations making information on healthy living, healthy aging, and injury prevention more accessible to Canadians through [infographics](#)^{xiii} and [data blogs](#).^{xiv}
- Working, in collaboration with F/P/T partners, to identify priority antimicrobial resistant organisms and data measures;
- Developing a new *Blueprint for a Federated System for Public Health Surveillance in Canada* to support decision-making by all jurisdictions to keep Canadians safer from diseases;
- Strengthening the [National Collaborating Centres for Public Health \(NCC\)](#)^{xv} to improve the application of research evidence in public health policy and decision-making; and
- Supporting development of the Canadian Public Health Laboratory Network National Syphilis Laboratory Guidelines to help standardize and improve diagnostic practices.

More details on many of these actions are provided in Section III.

Priority: Leadership on health promotion and disease prevention

Description

The Government of Canada recognizes that social, economic and environmental conditions can affect Canadians' health status and can increase the potential for disease. PHAC is a focal point for federal government action to address these realities. By focusing on building a stronger evidence base and collaborating with stakeholders in all parts of Canadian life, as well as internationally, PHAC provides governments, health providers and individual Canadians with the knowledge that supports informed decision-making.

Priority Type

Previously committed to.

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Status	Link to the Organization's Programs
Develop an internet accessible platform to increase the scope and quality of HIV drug resistance information.	April 2015	January 2016	Completed	1.1, 1.2
Launch a pilot national monitoring tool that gathers real-time crowd-sourced data on influenza-like activity.	April 2015	March 2016	Completed	1.1, 1.2
Promote mental health, which will include releasing, implementing, and reporting on the implementation of the <i>Federal Framework for Suicide Prevention</i> .	April 2015	March 2017	On track	1.2
Invest in partnerships, foster technological innovations, and support initiatives to promote awareness of dementia and reduce stigma.	June 2015	December 2017	On track	1.2

Progress Toward the Priority

Key achievements during the year in PHAC's ongoing work to help address health promotion and disease prevention priorities in Canada included:

- Engaging partners and stakeholders to share knowledge on suicide as part of work towards a new Federal Framework for Suicide Prevention, and supporting the development of a National Suicide Prevention Service (phone, text, and chat) that will link existing crisis support services, offering nationally available 24/7 crisis support;
- Continuing to address family violence as part of the federal *Family Violence Initiative*,^{xvi} through mechanisms such as the *Stop Family Violence*^{xvii} website that makes information easily accessible;
- Building trauma survivors' knowledge, skills, resilience and capacity to maintain and improve their physical and mental health by funding seven new community-based projects across Canada that are applying a range of health promotion approaches;
- Contributing to the prevention and control of antimicrobial resistant microorganisms by improving approaches to tracking drug resistance, laboratory diagnostics and analytical methods and through awareness activities and information such as a new internet accessible platform (*HyDRA*)^{xviii} to increase the scope and quality of HIV drug resistance information; and
- Adding to the prevention and control of infectious diseases through activities such as:
 - Monitoring the effectiveness of vaccines for infectious disease strains in Canada;
 - Launching a national pilot of "FluWatchers", which gathers real-time crowd-sourced data on influenza-like activity directly from Canadians; and
 - Developing a report on the state of vaccine acceptance and uptake in Canada with recommendations to inform the priorities and activities under the National Immunization Strategy.

More details on many of these actions are provided in Section III.

Priority: Enhanced public health security

Description

The Government of Canada works closely with partners and stakeholders to identify, develop, and implement measures that protect the health and safety of Canadians every day. PHAC focuses on preparing for and responding to public health events and emergencies, enhancing border health security, and regulating pathogens and toxins in Canada. PHAC also works with stakeholders to deal with the public health implications of broader global threats to public health, such as climate change impacts of extreme weather events, higher temperatures, and poor air quality.

Priority Type

Previously committed to.

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Status	Link to the Organization's Programs
Acquisition of medical countermeasures.	April 2015	March 2017	On track	1.3
Coordination of the domestic health component of the arrival of Syrian Refugees.	October 2015	February 2016	Completed	1.3
Modernizing the <u>regulatory scheme</u> ^{xix} relating to potable water served to passengers on board trains, vessels, aircraft and buses.	April 2012	March 2016	Completed	1.3
Bring into force and implement the <u>Human Pathogens and Toxins Regulations</u> . ^{xx}	March 2015	March 2017	On track	1.3
Monitor vaccine safety and provide reports on adverse events in collaboration with national, provincial, and territorial public health authorities.	April 2015	March 2016	Completed	1.1, 1.2
Progress Toward the Priority				
Key achievements during the year in PHAC's ongoing work to enhance public health security in Canada included: • Strengthening Canada's preparedness efforts by acquiring smallpox and anthrax medical countermeasures to protect Canadians, including from bioterrorism; • Acquiring the medical countermeasures necessary to be prepared for potential Ebola cases; and • Continued monitoring of vaccine safety through the Canadian Adverse Events Following Immunization Surveillance System with four reports on adverse events during the year. More details on many of these actions are provided in Section III.				

Priority: Excellence and innovation in management

Description

The Government has committed to delivering open, transparent, and effective public services. PHAC upholds this commitment by pursuing innovation and continuous improvement in the design and delivery of its programs and services. PHAC strives to create an environment that cultivates effective management, engagement, teamwork, and professional development opportunities required of a high-performing organization.

Priority Type

Previously committed to.

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Status	Link to the Organization's Programs
Advance the application of the Performance Management initiative and the Canada School of Public Service learning model as part of an overall talent management strategy to support and sustain a culture of high performance.	April 2015	March 2017	On track	Internal Services
Execute the Multi-Year Diversity and Employment Equity Plan to support a diverse workforce.	April 2015	March 2017	On track	Internal Services
Implement Workplace 2.0 to create a modern workplace that will attract, retain and encourage public servants to work smarter, greener, and healthier.	April 2015	March 2017	On track	Internal Services
Progress Toward the Priority				
Excellence and innovation in management involved initiatives through the Shared Services Partnership that included: • Supporting a culture of high performance and learning; • Raising awareness of the importance of employment equity, duty to accommodate, diversity and inclusion in the workplace, as well as exceeding representation rates for women, Aboriginal people, persons with disabilities and visible minorities above labour market availability; and • Implementing projects that standardize and modernize workstations and adopting technologies for a more efficient and mobile workplace. More details on many of these actions are provided in Section III.				

For more information on organizational priorities, see the [Minister's mandate letter](#).^{xxi}

Section II: Expenditure Overview

Actual Expenditures

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2015–16 Total Authorities Available for Use	2015–16 Actual Spending (authorities used)	Difference (actual minus planned)
567,152,421	567,152,421	593,958,706	573,080,140	5,927,719

Total Authorities were higher than Planned Spending primarily due to: funding for Aboriginal Head Start Urban and Northern Communities; funding to support the establishment of the Canadian Centre for Aging and Brain Health Innovation; funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad; and the inclusion of additional authorities for the operating budget carry forward.

Human Resources (Full-Time Equivalents [FTEs])

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
2,488	2,143	(345)

The difference is primarily due to the Shared Services Partnership where every year planned FTEs are reported under PHAC but actual FTEs are expended and reported under Health Canada.

Budget Performance Summary

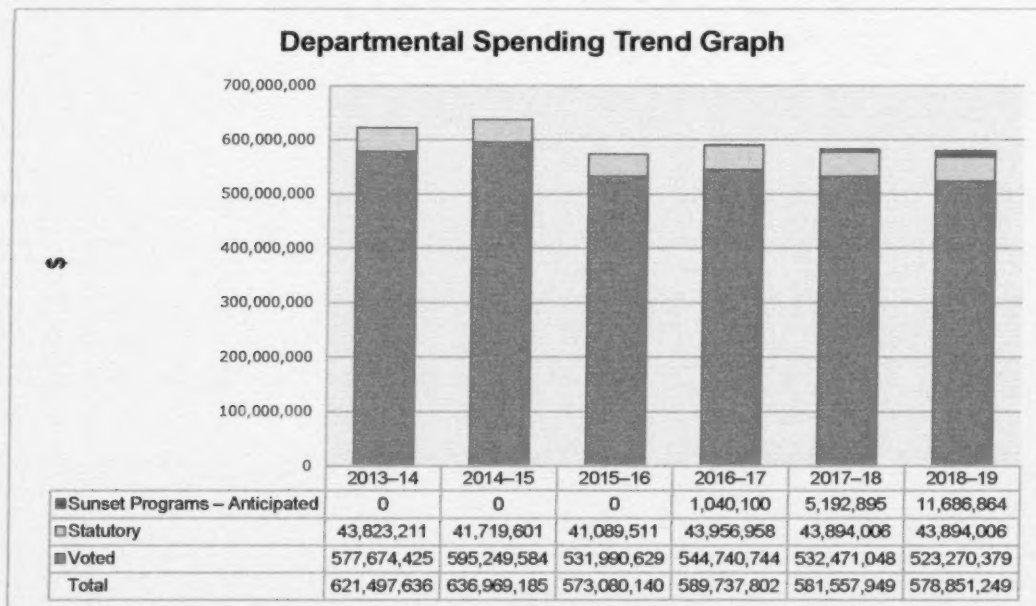
Budgetary Performance Summary for Programs and Internal Services (dollars)

Programs and Internal Services	2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending	2015–16 Total Authorities Available for Use	2015–16 Actual Spending (authorities used)	2014–15 Actual Spending (authorities used)	2013–14 Actual Spending (authorities used)
1.1 Public Health Infrastructure	114,621,598	114,621,598	115,963,044	115,741,668	119,798,669	116,628,229	124,806,312	132,987,799
1.2 Health Promotion and Disease Prevention	297,110,496	297,110,496	300,679,998	304,629,999	305,070,361	297,511,369	351,381,857	305,929,930
1.3 Health Security	59,776,240	59,776,240	77,462,190	65,636,018	69,142,817	67,972,376	61,983,921	73,097,007
Internal Services	95,644,087	95,644,087	95,632,570	95,550,264	99,946,859	90,968,166	98,797,095	109,482,900
Total	567,152,421	567,152,421	589,737,802	581,557,949	593,958,706	573,080,140	636,969,185	621,497,636

The 2015–16 actual spending decreased from the previous year expenditures primarily due to PHAC making the final payment to provinces and territories under the Hepatitis C Health Care Services Program in 2014–15.

Planned Spending will increase in 2016–17 and subsequently will decrease in 2017–18 primarily due to the funding profiles for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad and to Acquire Medical Countermeasures for Smallpox and Anthrax.

Departmental Spending Trend



The changes in spending were associated primarily with issuing the final payment for the Hepatitis C Health Care Services Program in 2014–15 and the introduction and sunsetting of some temporary PHAC programs, including Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad, funding to Acquire Medical Countermeasures for Smallpox and Anthrax, and the Government of Canada's Provision of Essential Federal Services to the Toronto 2015 Pan American and Parapan American Games.

PHAC will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

Expenditures by Vote

For information on PHAC's organizational voted and statutory expenditures, consult the *Public Accounts of Canada 2016*.^{xxii}

Alignment of Spending With the Whole-of-Government Framework

Alignment of 2015–16 Actual Spending with the Whole-of-Government Framework^{xxiii} (dollars)

Program	Spending Area	Government of Canada Outcome	2015–16 Actual Spending
1.1 Public Health Infrastructure	Social Affairs	Healthy Canadians	116,628,229
1.2 Health Promotion and Disease Prevention	Social Affairs	Healthy Canadians	297,511,369
1.3 Health Security	Social Affairs	A Safe and Secure Canada	67,972,376

Total Spending by Spending Area (dollars)

Spending Area	Total Planned Spending	Total Actual Spending
Economic Affairs	0	0
Social Affairs	471,508,334	482,111,974
International Affairs	0	0
Government Affairs	0	0

Financial Statements and Financial Statements Highlights

PHAC's 2015–16 Financial Statements^{xxiv} are available online and include the Annex to the Statement of Management Responsibility and Internal Control over Financial Reporting.

Financial Statements

Financial Statements Highlights

Condensed Statement of Operations (unaudited) For the Year Ended March 31, 2016 (dollars)

Financial Information	2015–16 Planned Results	2015–16 Actual	2014–15 Actual	Difference (2015–16 actual minus 2015–16 planned)	Difference (2015–16 actual minus 2014–15 actual)
Total expenses	599,340,155	598,909,008	659,848,313	(431,147)	(60,939,305)
Total revenues	14,593,856	13,723,154	14,822,413	(870,702)	(1,099,259)
Net cost of operations before government funding and transfers	584,746,299	585,185,854	645,025,900	439,555	(59,840,046)

PHAC's total actual expenses were \$598,909,008 in 2015–16. There was a decrease of \$431,147 (0.1%) compared to planned results for 2015–16.

There was a decrease of \$60,939,305 (9.2%) in actual expenses from 2014–15 to 2015–16 primarily due to the completion and final payment of the Hepatitis C Health Care Services Program in 2014–15. This decrease is offset by additional expenses in 2015–16, mostly attributed to the Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad and the Acquisition of Medical Countermeasures for Smallpox and Anthrax.

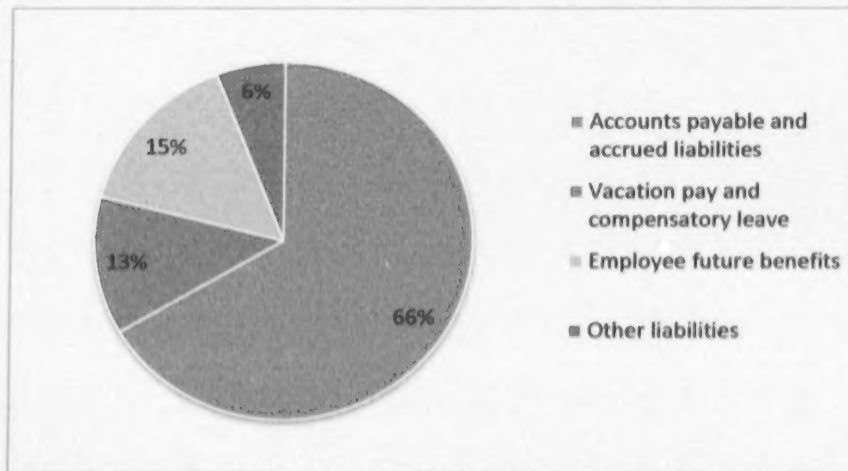
PHAC's total actual revenues, which resulted primarily from the Shared Services Partnership with Health Canada, were \$13,723,154 in 2015–16 representing a decrease of \$1,099,259 (7.4%) from the prior year actual revenues.

The difference between planned results and actual revenues was primarily due to the recognition of Health Canada payments as revenues to PHAC for services provided to them under the Shared Services Partnership Agreement and not Revenues Earned on Behalf of Government.

Condensed Statement of Financial Position (unaudited)
As at March 31, 2016 (dollars)

Financial Information	2015–16	2014–15	Difference (2015–16 minus 2014–15)
Total net liabilities	85,020,443	79,326,765	5,693,678
Total net financial assets	61,339,217	54,839,671	6,499,546
Departmental net debt	23,681,226	24,487,094	(805,868)
Total non-financial assets	115,396,249	120,902,487	(5,506,238)
Departmental net financial position	91,715,023	96,415,393	(4,700,370)

Liability by Type



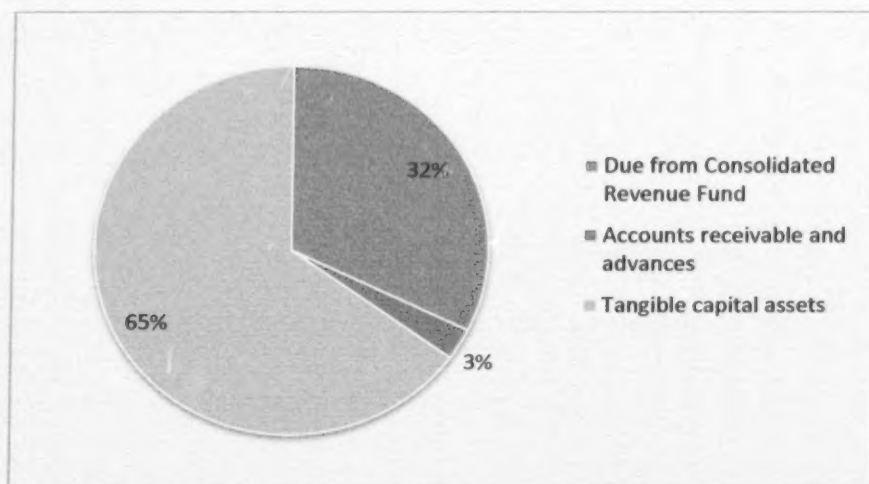
Total liabilities were \$85,020,443, an increase of \$5,693,678 (7.2%) over the previous year's total of \$79,326,765. The variance was primarily due to an increase (\$9,168,119) in accounts payable and accrued liabilities. This increase was offset by a:

- 1% decrease in vacation pay and compensatory leave;
- 6% decrease in employee future benefits; and
- 34% decrease in other liabilities.

Of the total liabilities:

- Accounts payable and accrued liabilities represented \$56,539,099 (66%);
- Vacation pay and compensatory leave represented \$10,628,739 (13%);
- Employee future benefits represented \$12,811,064 (15%); and
- Other liabilities represented \$5,041,541 (6%).

Asset by Type



Total assets were \$176,735,466, an increase of \$993,308 (0.6%) over the previous year's total of \$175,742,158. This variance is primarily due to an increase in funds due from the Consolidated Revenue Fund, variations from employee future benefits and offset by a decrease in tangible capital assets, explained by accumulated amortization net of new acquisitions.

Of the total assets:

- Due from Consolidated Revenue Fund represented \$56,993,612 (32%);
- Accounts receivable and advances represented \$4,874,000 (3%); and
- Tangible capital assets represented \$115,396,429 (65%).

Section III: Analysis of Programs and Internal Services

Programs

1.1 Program: Public Health Infrastructure

Description

The Public Health Infrastructure Program strengthens Canada's public health workforce capability, information exchange, and federal, provincial and territorial networks, and scientific capacity. These infrastructure elements are necessary to support effective public health practice and decision-making in Canada. Working with federal, provincial and territorial (F/P/T) stakeholders and within existing collaborative mechanisms, the program supports planning for and building consensus on strategic and targeted investments in public health infrastructure, including public health research, training, tools, best practices, standards, and mechanisms to facilitate information exchange and coordinated action. Public health laboratories provide leadership in research, technical innovation, reference laboratory services, surveillance, outbreak response capacity, and national laboratory coordination to inform public health policy and practice. Through these capacity-building mechanisms and scientific expertise, the Government of Canada facilitates effective coordination and timely public health interventions which are essential to having an integrated and evidence-based national public health system based on excellence in science. Key stakeholders include local, regional, provincial, national and international, public health organizations, practitioners and policy makers, researchers and academics, professional associations, and non-governmental organizations.

Program Performance Analysis and Lessons Learned

Canadians depend on robust public health services that respond effectively to emerging and ongoing issues. PHAC plays key roles that public health service providers across the country rely on to help them deliver results to their communities. During 2015–16, PHAC made progress in supporting an effective public health system for all Canadians by addressing three broad priorities, with results and highlights as noted below.

Building Public Health Domestically and Internationally

PHAC has ongoing responsibilities to help enhance the skills of people who support public health programs and to ensure that Canada has the laboratory and technical capacity needed to respond to emerging and ongoing public health challenges with recent notable progress.

- PHAC worked with provinces and territories to strengthen their capacity to manage public health risks such as the Zika virus.^{xxv} This included rapidly establishing diagnostic methods aimed at returning Canadian travellers and others with exposure risks and developing a risk model for Zika virus spread in Canada.
- PHAC continued to provide unique public health practitioner training programs, such as the Canadian Field Epidemiology Program that earned international accreditation in March 2016. PHAC's Canadian Public Health Service^{xxvi} enabled 27 people to gain experience in supporting and delivering a variety of programs in Northern, remote, and isolated areas.

- More than 650 Canadian public health practitioners used PHAC's Skills Online^{xxvii} program to build their expertise.
- In support of a 2015 G7 commitment, Canada helped other countries in the Americas implement the International Health Regulations^{xxviii} to help strengthen global health security.

Public Health Monitoring and Information Sharing

Because Canada's public health system involves many partners and stakeholders, PHAC plays a critical leadership role in the work with provinces and territories in building shared arrangements to help every partner identify and act more quickly on public health challenges of importance to Canadians.

- As part of implementing the new *Multilateral Information Sharing Agreement* on infectious diseases and public health across Canada, PHAC led efforts to put an effective governance system in place. This will enable timely sharing of infectious disease information across the public health system.
- PHAC and its provincial and territorial partners started to implement the new pan-Canadian approach to establish priorities for tracking and monitoring diseases in Canada, beginning with work on governance and an *Ethics Framework*. These will strengthen public health decision-making and actions for the health of Canadians.
- PHAC developed new technology and infrastructure as part of an upgraded PulseNet Canada^{xxix} for the rapid identification and response to food-borne illnesses and outbreaks.
- The Public Health Network^{xxx} generated improvements to monitoring and reporting of health inequalities, progress on injury prevention, and recommendations on vaccine acceptance and managing risks to Canada's vaccine supplies.

Advancing Public Health Science and Innovation

PHAC continued to be a leader in the ongoing scientific and technological innovation that enhances Canada's ability to respond to infectious disease threats.

- PHAC genetic research into antimicrobial resistant microorganisms is strengthening Canada's ability to analyze, detect, and respond to these pathogens and is being shared internationally.
- PHAC has improved Canada's public health laboratory detection and response capacity through research resulting in new diagnostic testing methodologies, emergency response training, and biocontainment operations.

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2015–16 Total Authorities Available for Use	2015–16 Actual Spending (authorities used)	2015–16 Difference (actual minus planned)
114,621,598	114,621,598	119,798,669	116,628,229	2,006,631

Human Resources (Full-Time Equivalents [FTEs])

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
698	704	6

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Canada has the public health system infrastructure to manage public health risks of domestic and international concern	Level of Canada's compliance with the public health capacity requirements outlined in the <i>International Health Regulations</i>	3	2 ^b
Canada is able to use highly specialized laboratory technologies to identify and characterize pathogens in support of public health surveillance and investigation of disease outbreaks	The number of pathogens for which molecular typing is offered by national laboratories	128	131

1.2 Program: Health Promotion and Disease Prevention**Description**

The Health Promotion and Disease Prevention Program aims to promote better overall health of the population—with additional focus on those that are most vulnerable—by promoting healthy development among children, adults and seniors, reducing health inequalities, and preventing and controlling chronic and infectious diseases. Working in collaboration with provinces and territories, the Program develops and implements federal aspects of frameworks and strategies (e.g., *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*, national approaches to addressing immunization, HIV/AIDS) geared toward promoting health and preventing disease. The Program carries out primary public health functions of health promotion, surveillance, science and research on diseases and associated risk and protective factors to inform evidenced-based frameworks, strategies, and interventions. It also undertakes health promotion and prevention initiatives working with stakeholders to prevent chronic disease and injury, and to help prevent and control infectious disease.

^b Canada has surpassed level 2 which means that core capacities have been achieved. This also means that Canada is compliant with *International Health Regulations* in key areas of detection, assessment, notification, and response to national and international public health threats. Canada continues to work toward an advanced capability level 3 rating which involves the generation of information, products, and tools that reflect best practices and standards that can be adopted or shared globally.

Program Performance Analysis and Lessons Learned

The provinces, territories, and health stakeholders look to PHAC for leadership in support of more effective strategies and actions to address major health challenges facing Canadians. During 2015–16, PHAC made progress in addressing critical Canadian health promotion and disease prevention challenges as noted below.

PHAC FACT

The *Canada Communicable Disease Report*^{hi} has the latest information on infectious diseases and had almost half a million hits in 2015.

Infectious Diseases and Immunization

PHAC continued to improve knowledge and awareness to prevent infectious diseases and to promote immunization in a range of ways.

- Provided leadership for Canada-wide awareness activities promoting immunization and the appropriate use of antibiotics through the *National Immunization Campaign and Antibiotic Awareness Week*.
- PHAC updated key public health guidance materials such as “*A Parent’s Guide to Vaccination*”^{xxxi} to meet identified needs including Arabic translations for Syrian refugees.
- 16 webinars reached over 4,500 public health stakeholders on topics such as tuberculosis, HIV/AIDS, sexually transmitted infections, health care provision to Syrian refugees, and antimicrobial resistant microorganisms.
- Analyzed and shared immunization coverage data to help inform targeted strategies for under-immunized or unimmunized groups.

Many PHAC responsibilities related to infectious diseases centre on collaborations with partners and stakeholders to develop specific public health strategies and initiatives.

- Implementation of the federal tuberculosis framework included actions aimed at prevention and control for Canadians coming from high incidence countries and supporting innovative, culturally appropriate initiatives in northern indigenous communities.
- A federal action plan was completed to support vaccine innovation and research to strengthen and accelerate the development of vaccines and vaccine technologies.
- The ongoing PHAC implementation of the *Federal Framework on Antimicrobial Resistance*^{xxxi} was complemented by initial work on a pan-Canadian AMR strategy.
- Increased engagement and awareness through planning for a national conference under the *Action Plan on Lyme Disease*,^{xxxi} including consultations, awareness activities targeted to health professionals, improved laboratory diagnostic practices, and the identification of needed research.

Addressing illness related to the food Canadians eat is an ongoing focus of PHAC activity. In the past year, this included improving Canada’s capacity to respond to food-borne illness outbreaks.

- One pilot project tested how to better detect clusters of food-borne illness.
- Improved FoodNet Canada processes enhanced sharing of risk information about food-borne illness.

- The completed Foodbook report helped expand access to more of the data that enable public health stakeholders to take preventive actions, conduct outbreak investigations, and carry out risk assessments on the food Canadians eat.

Health Promotion

Public health involves promoting healthy behaviours and identifying and addressing health inequities. During the year, PHAC acted on opportunities to support healthier lives at all ages both in terms of physical and mental health.

- The Canadian 24-Hour Movement Guidelines for Children and Youth^{xxxiv} were developed as the world's first harmonized recommendations for physical activity, sedentary behaviour, and proper sleep.
- PHAC promoted best practices in healthy childhood development, including "Take it Outside"^{xxxv} which focuses on play and discovery-based learning, consistent with Aboriginal teaching.
- Given an aging population, PHAC supported effective strategies and measures to help seniors lead healthy, active lifestyles including:
 - Launching Dementia Friends Canada^{xxxvi} in collaboration with the Alzheimer's Society of Canada, to increase understanding of life with dementia and how to support those affected;
 - Releasing the Age-Friendly Communities Evaluation Guide^{xxxvii} to provide communities with information on how to use indicators to measure progress and evaluate initiatives; and
 - Helping to establish the Canadian Centre for Aging and Brain Health Innovation^{xxxviii} in support of brain health and aging, including addressing dementia, over the next five years.
- PHAC promoted positive mental health by:
 - Funding nine research projects on promoting mental health that reached over 1.5 million individuals, practitioners, service providers, and policy makers resulting in improved mental health outcomes or well-being;
 - Releasing the Positive Mental Health Surveillance Indicator Framework^{xxxix} the first Report from the Canadian Chronic Disease Surveillance System: Mental Illness in Canada, 2015,^{xl} a data blog on mental illness,^{xli} and the Mood and Anxiety Disorders in Canada^{xlii} fact sheet to allow access to up-to-date information; and
 - Engaging partners and stakeholders to share knowledge on suicide as part of work towards a new *Federal Framework for Suicide Prevention*, and supporting the development of a National Suicide Prevention Service (phone, text, and chat) that will link existing regional crisis support services, offering nationally available 24/7 crisis support.

PHAC FACT

The most popular post on the "Healthy Canadians" website was for Teething Time,^{lm} which informs parents when to expect their child's first tooth.

- PHAC partnered with community-based organizations to strengthen health outcomes for key populations by:
 - Funding evidence-based interventions for HIV and Hepatitis C to increase knowledge of how the diseases are transmitted and prevented, uptake of prevention behaviors, and access to testing, treatment, and ongoing care among key populations; and
 - Engaging more than 200 community organizations through an online stakeholder engagement exercise to develop funding priorities and objectives for the HIV and Hepatitis C Community Action Fund, an updated funding program with a strategic and integrated approach focused on providing funding to support community-based responses to HIV and Hepatitis C in Canada.

Chronic Disease and Injury Prevention

PHAC helps people across Canada's health system better understand the factors influencing chronic disease. It supports initiatives that enable identification of key data and best practices in order to reduce the impacts of chronic diseases and injuries on Canadians.

- PHAC released the second progress report on the *Federal, Provincial and Territorial Framework on Healthy Weights*^{xliii} highlighting actions underway. It also provides the most recent national data on factors associated with childhood obesity and healthy weights.
- PHAC funded projects to explore innovative approaches to reduce the risks of developing chronic diseases. This year, several incentive-based programs were funded, including:
 - *Carrot Rewards*,^{xliv} a digital application that provides loyalty points to Canadians who participate in healthy living activities; and
 - *UPnGO*,^{xlv} a digital-based workplace program designed to increase steps and reduce sitting time by providing employees with points redeemable for healthy products in an online store when they participate in weekly challenges or achieve personalized goals.

PHAC FACT

Every dollar invested by PHAC and its partners under the *Multi-sectoral Partnership Approach to Promote Healthy Living and Prevent Chronic Disease*^{lv} helped Canadians sustain positive behaviour changes, generating a social return of \$2.50.

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2015–16 Total Authorities Available for Use	2015–16 Actual Spending (authorities used)	2015–16 Difference (actual minus planned)
297,110,496	297,110,496	305,070,361	297,511,369	400,873

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
889	867	(22)

Performance Results

Expected Result	Performance Indicators	Targets ^c	Actual Results ^d
Diseases in Canada are prevented or mitigated	Rates per 100,000 of key infectious diseases (HIV)	6.41	5.8 ^e
	Rates per 100,000 of key infectious diseases (Hepatitis B)	9.17	15.2 ^f
	Rates per 100,000 of key infectious diseases (Hepatitis C)	28.82	29.68 ^f
	Rates per 100,000 of key infectious diseases (Tuberculosis)	3.6	4.4 ^g
	Rates per 100,000 of key infectious diseases (<i>E. coli</i> O157)	1.39	1.05 ^h
	Rates per 100,000 of key infectious diseases (Salmonella)	19.68	21.85 ⁱ
	Rates per 100,000 of key infectious diseases (Invasive Pneumococcal Disease in children of less than one year old)	28	17.8
	Rates per 100,000 of key infectious diseases (Invasive Pneumococcal Disease in children ages one to four years)	20	11.2
	Rates per 100,000 of key infectious diseases (Pertussis deaths in the target population of less than or equal to three months of age)	0	2 ^j
	Rates per 100,000 of key infectious diseases (Invasive Meningococcal Disease)	0.7	0.49
	Rate of key chronic disease risk factors (% of adults aged 20 and over that report being physically active)	50.14 ^k	51.9
	Rate of key chronic disease risk factors (% of children and youth aged 5 to 17 who are overweight or obese)	31.5 ^l	31.2

^a To be achieved by March 31, 2016.

^d These results were obtained through national and/or pan-Canadian surveillance and survey approaches. Where cycles provide for new information, the actual results will be updated along with the latest year of data availability.

^e The HIV diagnosis rate per 100,000 population has been below 6.4 per 100,000 since 2012.

^f The actual rate is higher because it reflects a combination of acute, chronic and unspecified cases of hepatitis. Rates reported are believed to reflect primarily chronic cases contracted years prior to diagnosis because newly-acquired cases of viral hepatitis do not show symptoms and therefore early diagnosis is unlikely.

^g The actual rate is higher than the target because it reflects new and re-treatment of previous cases of Tuberculosis. There has been an overall decrease in the rate of active Tuberculosis in Canada from 4.7 per 100,000 in 2013, to 4.4 per 100,000 in 2014.

^h The rate of *E. coli* O157 per 100,000 population has been below 1.39 per 100,000 since 2012.

ⁱ This actual rate is mostly due to the significant ongoing occurrence of *Salmonella* Enteritidis in poultry products since 2014.

^j This actual result represents the total number of Pertussis deaths in the target population of less than or equal to three months of age. The zero target is the ultimate objective, although the disease still exists in Canada. To reach the target of zero deaths, it will be necessary to develop better pertussis vaccines, improve immunization coverage, promptly control outbreaks and identify the optimal timing of doses in P/T vaccine programs.

^k This baseline is obtained through the *Canadian Community Health Survey* (2009–10). Over time, the objective is to achieve an upward trend for physical activity.

^l This baseline is obtained through the *Canadian Health Measures Survey* (2009–11). Over time, the objective is to achieve a downward trend in the rate of those who are overweight or obese.

1.3 Program: Health Security

Description

The Health Security Program takes an all hazards approach to the health security of Canada's population, which provides the Government of Canada with the ability to prepare for and respond to public health events/emergencies. This program seeks to bolster the resiliency of the population and communities, thereby enhancing the ability to cope and respond. To accomplish this, its main methods of intervention include actions taken through collaboration with key jurisdictions and international collaborators. These actions are carried out by fulfilling Canada's obligations under the *International Health Regulations* and through the administration and enforcement of pertinent legislation and regulations.

Program Performance Analysis and Lessons Learned

During 2015–16, PHAC made progress in delivering these critical health security operations by addressing the following broad priorities, with results and highlights as noted below.

Planning and Response to Public Health Emergencies and Events

PHAC has a lead role in dealing with the public health element of real or potential emergencies as well as major international events taking place in Canada. The past year had a variety of high-profile situations that called on PHAC leadership and specific efforts to protect the health of Canadians.

- Activation of the Health Portfolio Emergency Operations Centre at PHAC supported the coordinated effort on all health matters related to the arrival of 25,000 Syrian refugees in Canada and the health services needed to support Canada's hosting of the Pan American and ParaPan American Games.
- PHAC quarantine officers met all dedicated Syrian refugee flights into Canada and PHAC trained 31 new officers to meet the increased need for quarantine services.
- In addition to the specific work in areas such as laboratory and field support described previously in this report, PHAC continued the central coordinating role with its federal, provincial and territorial partners to protect Canadians from Ebola that began in 2014–15. It also contributed to the international response to Ebola by mobilizing more than 100 Canadian health officials for service in West Africa.
- When the Zika virus emerged, PHAC coordinated the Health Portfolio response by providing advice and guidance to Canadians and health care practitioners, enhancing steps to identify affected Canadians, working with partners to ensure necessary laboratory capacity in Canada, and by advancing research activities.
- PHAC continued to work with international partners on the Zika virus and initiatives such as the North American Plan for Animal and Pandemic Influenza^{xlvi} to strengthen North American and global health security.

PHAC FACT

PHAC raised awareness amongst Syrian refugees arriving in Canada about public health issues and protecting against communicable diseases by distributing information sheets to them in English, French, and Arabic.

- PHAC contributed to global pandemic preparedness activities to enhance response tactics to future pandemic outbreaks, and maintained readiness for deployment of its mobile biological laboratory.
- Updated response plans were put in place to deal with potential Radiological-Nuclear emergencies and emergencies at First Nations On-Reserve communities.

Enhanced Biosecurity for Canadians

- On December 1, 2015, the *Human Pathogens and Toxins Regulations*,^{xlvi} along with the remaining sections of the *Human Pathogens and Toxins Act*,^{xlvi} came into force. These will strengthen the safe use of human pathogens and toxins in laboratories across Canada, and reduce risks to Canadians.
- PHAC reached out to stakeholders to support an understanding of these new requirements under the legislation and regulations and the new tools available to them for information exchange.

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2015–16 Total Authorities Available for Use	2015–16 Actual Spending (authorities used)	2015–16 Difference (actual minus planned)
59,776,240	59,776,240	69,142,817	67,972,376	8,196,136

Actual spending was greater than planned spending primarily due to funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad and funding to Acquire Medical Countermeasures for Smallpox and Anthrax.

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
300	300	0

Performance Results

Expected Result	Performance Indicators	Targets	Actual Results
Canada has the partnerships and regulatory frameworks to prevent, prepare for and respond to threats to public health	Percent of partnerships with key jurisdictions and international partners in place to prepare for and respond to public health risks and events	100	100
	Percent of Government of Canada's health emergency and regulatory programs implemented in accordance with the <i>Emergency Management Act</i> , the <i>Quarantine Act</i> , the <i>Human Pathogens and Toxins Act</i> and the <i>Human Pathogens Importation Regulations</i>	100	100

Internal Services

Description

Internal services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. Internal services include only those activities and resources that apply across an organization, and not those provided to a specific program. The groups of activities are Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; and Acquisition Services.

Program Performance Analysis and Lessons Learned

PHAC collaborates with Health Canada in a Shared Services Partnership for many internal services and corporate functions and takes part in government-wide efforts to modernize and transform common services and function. Communications strategies are developed and implemented to raise awareness among Canadians and health system partners about key public health issues.

During 2015–16, PHAC succeeded in achieving its plans for more effective internal services with the following results and highlights:

Shared Services Partnership

- Planning processes and tools were improved related to human resources, real property, and information technology to increase efficiencies and improve integrated service delivery.

Government-wide Modernization and Transformation Initiatives

- New performance management tools, guidelines and outreach activities, an assessment of the Performance Management Program, and Canada School of Public Service development programs helped PHAC continue to build a culture of high performance and learning.

- PHAC representation rates for women, Aboriginal peoples, persons with disabilities and members of visible minorities were above labour market availability, which supports the goal of more diverse and inclusive workplaces.
- Introduction of standardized and modernized workstations and the adoption of new telecommunications technologies to support an efficient and mobile workplace were part of PHAC's implementation of government-wide workplace changes.

Communications

- Innovative communications, such as increased use of social media, provided Canadians with information to support sound decisions to protect their health and safety including information on healthy living, mental health, dementia, immunization, alcohol consumption, Zika virus, Lyme disease, Salmonella, and Listeria.
- PHAC strengthened its capacity to communicate public health risks to Canadians in a timely and targeted manner on issues such as Zika virus, the Middle East Respiratory Syndrome Coronavirus, food-borne illness, and measles outbreaks.

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2015–16 Total Authorities Available for Use	2015–16 Actual Spending (authorities used)	2015–16 Difference (actual minus planned)
95,644,087	95,644,087	99,946,859	90,968,166	4,675,921

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
601	271	(330)

The variance is primarily due to the Shared Services Partnership where FTEs were planned under PHAC but expended under Health Canada.

Section IV: Supplementary Information

Supporting Information on Lower-Level Programs

Supporting information on lower-level programs is available on [PHAC's website](#).^{xlix}

Supplementary Information Tables

The following supplementary information tables are available on [PHAC's website](#).ⁱ

- Departmental Sustainable Development Strategy
- Details on Transfer Payment Programs of \$5 Million or More
- Horizontal Initiatives
- Internal Audits and Evaluations
- Response to Parliamentary Committees and External Audits
- Status Report on Projects Operating With Specific Treasury Board Approval

Federal Tax Expenditures

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures annually in the [Report of Federal Tax Expenditures](#).ⁱⁱ This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs. The tax measures presented in this report are the responsibility of the Minister of Finance.

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Appendix: Definitions

appropriation: Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures: Include operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

Departmental Performance Report: Reports on an appropriated organization's actual accomplishments against the plans, priorities and expected results set out in the corresponding Report on Plans and Priorities. These reports are tabled in Parliament in the fall.

full-time equivalent: Is a measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

Government of Canada outcomes: A set of 16 high level objectives defined for the government as a whole, grouped in four spending areas: economic affairs, social affairs, international affairs and government affairs.

Management, Resources and Results Structure: A comprehensive framework that consists of an organization's inventory of programs, resources, results, performance indicators and governance information. Programs and results are depicted in their hierarchical relationship to each other and to the Strategic Outcome(s) to which they contribute. The Management, Resources and Results Structure is developed from the Program Alignment Architecture.

non-budgetary expenditures: Include net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance: What an organization did with its resources to achieve its results, how well those results compare with what the organization intended to achieve and how well lessons learned have been identified.

performance indicator: A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

performance reporting: The process of communicating evidence-based performance information. Performance reporting supports decision-making, accountability and transparency.

planned spending: For Reports on Plans and Priorities (RPPs) and Departmental Performance Reports (DPRs), planned spending refers to those amounts that receive Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their RPPs and DPRs.

plans: The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

priorities: Plans or projects that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Strategic Outcome(s).

program: A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results and that are treated as a budgetary unit.

Program Alignment Architecture: A structured inventory of an organization's programs depicting the hierarchical relationship between programs and the Strategic Outcome(s) to which they contribute.

Report on Plans and Priorities: Provides information on the plans and expected performance of appropriated organizations over a three-year period. These reports are tabled in Parliament each spring.

result: An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization's influence.

statutory expenditures: Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

Strategic Outcome: A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

sunset program: A time-limited program that does not have an ongoing funding and policy authority. When the program is set to expire, a decision must be made whether to continue the program. In the case of a renewal, the decision specifies the scope, funding level and duration.

target: A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

voted expenditures: Expenditures that Parliament approves annually through an Appropriation Act. The Vote wording becomes the governing conditions under which these expenditures may be made.

Whole-of-Government Framework: Maps the financial contributions of federal organizations receiving appropriations by aligning their Programs to a set of 16 government-wide, high-level outcome areas, grouped under four spending areas.

Endnotes

- i *Public Health Agency of Canada Act*, <http://lois-laws.justice.gc.ca/eng/acts/P-29.5/page-1.html>
- ii *Department of Health Act*, <http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html>
- iii *Emergency Management Act*, <http://lois-laws.justice.gc.ca/eng/acts/E-4.56/index.html>
- iv *Quarantine Act*, <http://laws-lois.justice.gc.ca/eng/acts/Q-1.1/index.html>
- v *Human Pathogens and Toxins Act*, <http://lois-laws.justice.gc.ca/eng/acts/H-5.67/FullText.html>
- vi *Health of Animals Act*, <http://laws-lois.justice.gc.ca/eng/acts/H-3.3/>
- vii *Act Respecting a Federal Framework on Lyme Disease*, <http://laws-lois.justice.gc.ca/eng/acts/F-7.35/index.html>
- viii *Public Health Agency of Canada*, <http://www.phac-aspc.gc.ca/index-eng.php>
- ix *Health Portfolio*, <http://www.hc-sc.gc.ca/ahe-asc/minist/portfolio/index-eng.php>
- x *Avian Influenza Virus Study*, <http://www.nature.com/articles/srep24154>
- xi *Positive Mental Health Surveillance Indicator Framework*, <http://infobase.phac-aspc.gc.ca/positive-mental-health/index-en.aspx>
- xii *A snapshot of Canadian Actions 2015*, <http://www.healthycanadians.gc.ca/publications/science-research-sciences-recherches/rio/index-eng.php>
- xiii *Infographics*, <http://infobase.phac-aspc.gc.ca/datalab/visualize-en.html>
- xiv *Data blogs*, <http://infobase.phac-aspc.gc.ca/datalab/blog-en.html>
- xv *National Collaborating Centres for Public Health*, <http://www.phac-aspc.gc.ca/php-psp/ncc-eng.php>
- xvi *Family Violence Initiative*, <http://www.phac-aspc.gc.ca/sfv-avf/initiative-eng.php>
- xvii *Stop Family Violence*, <http://www.phac-aspc.gc.ca/sfv-avf/index-eng.php>
- xviii *HyDRA*, https://hydra.canada.ca/pages/about?guest_token=9c44e8b2-78f0-4cbf-9482-e3af5769e0f2&lang=en-CA
- xix *Regulatory scheme*, <http://www.gazette.gc.ca/rp-pr/p2/2016/2016-03-23/html/sor-dors43-eng.php>
- xx *Human Pathogens and Toxins Regulations*, <http://lois-laws.justice.gc.ca/eng/regulations/SOR-2015-44/index.html>
- xxi *Minister's Mandate Letter*, <http://pm.gc.ca/eng/minister-health-mandate-letter>
- xxii *Public Accounts of Canada 2016*, <http://www.tpsgc-pwgsc.gc.ca/recgen/cpc-pac/index-eng.html>
- xxiii *Whole-of-Government Framework Spending Area*, <http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx>
- xxiv *2015–16 Financial Statements*, <http://www.healthycanadians.gc.ca/publications/department-ministere/phac-performance-financial-statements-2015-2016-rendement-etats-financiers-aspc/index-eng.php>
- xxv *Zika virus*, <http://www.who.int/mediacentre/news/statements/2016/emergency-committee-zika-microcephaly/en/>
- xxvi *Canadian Public Health Service*, <http://www.phac-aspc.gc.ca/cphs-sspc/index-eng.php>
- xxvii *Skills Online*, <http://www.phac-aspc.gc.ca/php-psp/ccph-ccsp/index-eng.php>
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